

Guam Comprehensive Cancer Control Plan 2013-2017

Revised: December 2013

The vision of the Guam Comprehensive Cancer Control Coalition is that, “the people of Guam will be cancer free, embracing a healthy lifestyle and living in a healthy environment.”

Between 2007 to 2012, the Guam Comprehensive Cancer Control (CCC) Program, Coalition, and partners embarked on a mission that would see the successful implementation of the 2007- 2012 Guam Cancer Plan. Highlights of these successes are shared below:

Prevention: Objectives Met

Tobacco: Collaborate with and complement the work of the Coalition for a Tobacco-Free Guam, Department of Public Health and Social Services, Department of Mental Health and Substance Abuse (Prevention and Early Intervention Advisory Community Empowerment) Project (“PEACE Project”) and other organizations to advocate for tobacco prevention, cessation and control to reduce tobacco use by 5% from the baseline by 2012.

Steps taken to meet this objective:

- Provided cessation support to Government of Guam agencies to coincide with Executive Order No. 2007-18, implementing a tobacco-free workplace for all executive departments and agencies.
- Extensive Brief Tobacco Intervention (BTI) Training for nurses, nursing students, government organizations, public school staff, etc.
- Successful passage of PL 30-80, increasing Guam’s tax on all tobacco products and advocacy efforts that included collaborating with tobacco-control partners to draft legislation and earmark funds for cancer treatment and prevention services.



Governor Felix Camacho signing P.L. 30-80 (Tobacco Tax Increase of 2010) into law.

- Advocated in support of legislation prohibiting smoking within 20 feet of the entrance/exit to public places (PL 30-63). Supported Tobacco Enforcers Training to train representatives from all Government of Guam agencies authorized to enforce the Clean Indoor Air Act and PL 30-63.
- Provided testimony in support of other tobacco related measures, including prohibiting smoking within 20 feet of entrances/exits to public buildings and in vehicles with youth.

- Production of a 60-second public education message on lung cancer (featuring Angie and Ryan Mummert) and promoting Guam's tobacco quit line.
- Production of theatre slides featuring Guam's tobacco quit line.
- Production of a public education message featuring Dr. Robert Underwood and promoting Guam's tobacco quit line.
- Development of brochures and posters for public education and awareness of CCC efforts, featuring local champions in the fight against cancer.
- Provided support and promotion of events like the American Cancer Society's (ACS) "Great American Smokeout", the World Health Organization's "World No Tobacco Day" and Campaign for Tobacco-Free Kids' "Kick Butts Day" to encourage tobacco-cessation and prevention in youth and adults.

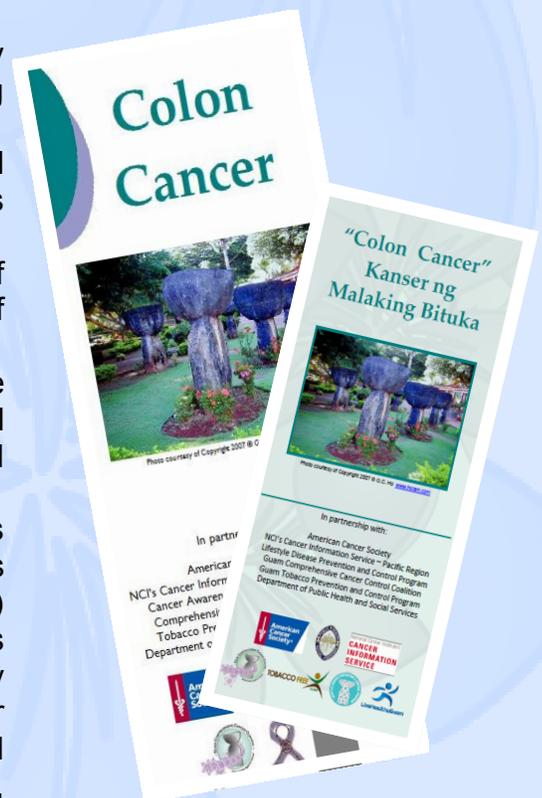
Cancer Education:

Objective 1: Increase the number and availability of cancer education programs that are culturally appropriate.

Objective 2: Improve cancer prevention education for medical professionals, nurses and healthcare providers.

Steps taken to meet these objectives:

- Conducted a review to identify any culturally appropriate cancer education programs being used in the community.
- Utilized the curriculum "ABCs of Cancer" and identified trainers to build up the cohort of ABCs of Cancer trainers.
- Trained Coalition members using the ABCs of Cancer and assessed training needs of Coalition members.
- Adoption of the 8-module Pacific Palliative Care Curriculum to include training for local facilitators and CME opportunities for medical professionals.
- Culturally appropriate educational material has also been developed – these include, brochures on colorectal cancer (in English and in Tagalog) and nasopharyngeal cancer, theatre slides featuring nutrition and physical activity messages as well as screening guidelines for breast, lung and colon cancer. Brochures and posters featuring local champions (survivors, physicians, policy makers) in the fight against cancer have also been produced to highlight the CCC program.
- Collaboration and support of educational opportunities, like the Micronesian Medical Symposium "Cancer in the Islands" in October 2009, which reached 150 participants with information on health and cancer disparities in the Pacific.



Other prevention-related steps taken to meet objectives:

- Development and distribution of a brochure on Nasopharyngeal Cancer using data from the Guam Cancer Registry.
- Published public service announcements in local newspapers on cancer prevention and prostate cancer awareness.
- Aired breast and cervical cancer prevention and screening public education messages on cable television.
- Pacific Center of Excellence in the Elimination of Disparities (CEED) Legacy Projects – ACS and Immaculate Heart of Mary Parish, Toto.
- Led the Relay For Life mission activities (2009, 2010, 2011), focusing on prevention and early detection of cancer.
- Participation in various community outreach activities, like First Hawaiian Bank's Primera Wellness Fair, Pacific Daily News' Making the Grade, Sexual Violence Conference, Community Voices' Strengthening Guam's Families, etc.
- Hosted Nutrition and Physical Activity conferences (2010, 2011)
- Annual participation in Breast Cancer Awareness Month activities – such as proclamation signings, pink ribbon waves, educational workshops, physical activity classes, cooking demonstrations and distribution of educational brochures and posters to worksites and clinics.



Screening and Early Detection: Objective Met

Objective 4: Increase the number of men and women receiving sigmoidoscopy and colonoscopy screening by 5% above established baseline, by 2012. (2002 BRFSS Baseline: 30.6%; 2010 BRFSS 37.8%)

Steps taken to meet this objective (colon):

- Developed a comprehensive list of all providers (6) offering colon cancer screening.
- Developed and distributed a brochure on colon cancer – in English and in Tagalog.

- Aired 60-second education messages on nutrition and physical activity through cable television and in local movie theaters.
- Partnered with the American Cancer Society to host colon cancer awareness month activities, including educational workshops and cooking classes.
- Reviewed screening guidelines and adopted USPTF guidelines as the standard for colon cancer screening.
- Collaborated with the American Cancer Society on educational opportunities, particularly with Dr. Mark Clanton, Chief Medical Officer of the American Cancer Society High Plains Division. Clanton presented before the Guam Medical Association in March 2010, sharing information regarding colorectal cancer screening guidelines and offering CME opportunities.
- Participated in CDC Study to assess Guam’s capacity to conduct colon cancer screening.

Treatment: Objective Met

Objective 1: Develop a resource guide that identifies patient diagnostic and treatment services available in Guam.

Steps taken to meet this objective:

- 2008 Asset/Resource Mapping of all cancer-related services in Guam and distribution of completed assessment to community partners and service providers.
- Publication and distribution of the “Guam Cancer Passport – A Guide to Survivorship and Care” booklet to partners such as the American Cancer Society.



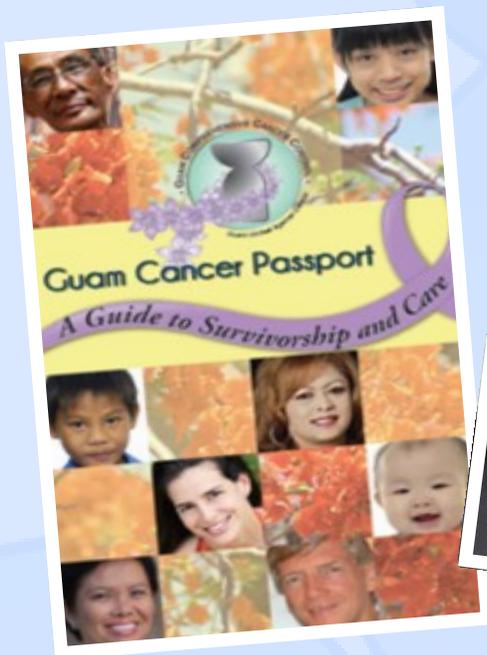
Former President George H.W. Bush presenting Coalition Steering Committee Members with C-Change’s 2010 Comprehensive Cancer Control Exemplary Implementation Award for a Pacific Island Jurisdiction, for Guam’s successful tobacco tax increase advocacy efforts.

Survivorship and Quality of Life: Objectives Met

- Objective 1: Increase access to information regarding cancer survivor support groups.
- Objective 2: Increase access to information regarding local financial resources such as the American Cancer Society and the Edward M. Calvo Cancer Foundation available to cancer patients.
- Objective 3: Develop a palliative care program and collaborate with existing programs in Guam.

How these objectives were met:

- Developed and distributed the “Guam Cancer Passport – A Guide to Survivorship and Care” – a tool for those newly diagnosed to increase access to local support services.
- Funded additional questions in 2010 BRFSS regarding cancer survivorship – included cost of the survey, media and publication of survey results.
- Hosted “Celebrate Life!” Cancer Survivorship conferences.
- Conducted focus groups with cancer survivors, caregivers and service providers to better understand the challenges related to cancer diagnosis, resulting in a completed report. Presented preliminary results at the annual Survivorship Conference.
- Adoption and implementation of an 8-module palliative care curriculum for Guam.



Data: Objectives Met

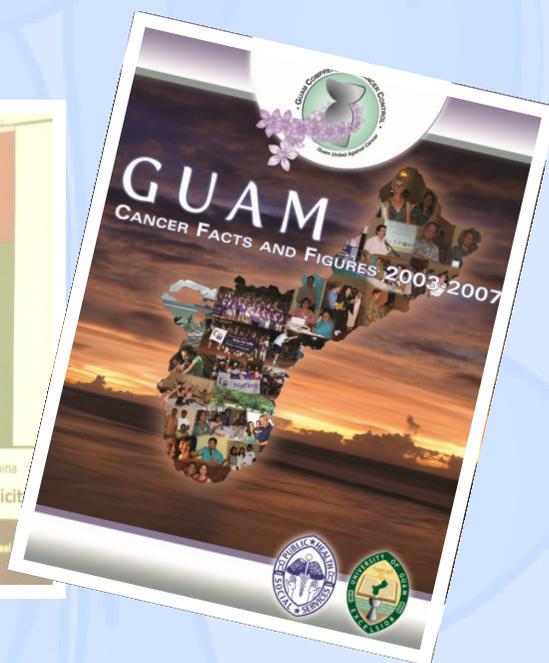
Objective 1: Provide accurate baseline data for each section of the Guam Comprehensive Cancer Control Plan (2007-2012).

Objective 2: Improve reporting of cancer cases to the Guam Cancer Registry.

Objective 3: Increase the capacity of the Guam Cancer Registry to identify and track cancer cases in a timely fashion.

How these objectives were met:

- Baseline data was added to the Guam Cancer Plan 2007-2012, before publication.
- Advocacy efforts resulted in revisions to Guam law that strengthened reporting guidelines and requirements. Developed and disseminated a poster to inform mandated reporters of new guidelines on submitting data to the Guam Cancer Registry.
- Advocacy efforts also resulted in a percentage of taxes (1%) from an increased tax on all tobacco products to be allocated to support the Guam Cancer Registry. These funds have: a) allowed the Registry to increase the number of full-time staff to oversee the data collection of Guam's cancer cases, b) supported on- and off-island training for certification of registrars, and c) provided computer equipment and supplies vital to ongoing registry operations.



Additional steps taken related to data:

- Developed and published "Guam Cancer Facts and Figures 2003-2007," a 40-page publication highlighting Guam's cancer data – the first of its kind.
- Developed an informational brochure featuring highlights from the "Guam Cancer Facts and Figures 2003-2007" publication.
- Developed poster and published brochure for the Guam Cancer Registry – to help explain the mission and purpose of the Registry.

Research Objective Met

Objective 1: Advocate for increased capacity of the University of Guam to provide local residents with training in cancer research.

How this objective was met:

- Coalition Steering Committee members advocated and encouraged students to apply for funding under the Cancer Research Center of Guam grant. Three coalition members have been accepted to further their studies under this program.
- Guam Cancer Registry provided data in support of Guam and Pacific Region cancer research to 58 Guam residents and organizations between September 2010 and November 2013. These included: 18 UOG students, 11 UOG and U54 Grant professional researchers, 10 Government of Guam agency personnel, 9 Guam medical professionals, 5 community non-profit agencies, and 3 concerned residents including 2 cancer survivors.

Financing and Insurance: Objective Met

Objective 1: Determine present insurance coverage of cancer-related services in Guam.

Steps taken to meet this objective:

- Determined (2009) coverage for cancer-related services (including screening, diagnosis and treatment) in Guam and analyzed insurance coverage for health plans to identify gaps.
- Advocated to Government of Guam Insurance Negotiating Team for increased coverage for radiation treatment.

Policy and Advocacy: Objective Met

Objective 1: Collaborate with local partners to advocate for health policies that support cancer prevention and control and improve community access to cancer-related screening, diagnostic and treatment services.



Steps taken to meet this objective:

- Conducted a review of all Guam's cancer-related laws.
- Collaborated with partners to ensure successful passage of the tobacco tax increase, which allocated funding to support the Guam Memorial Hospital and restricted funding to support cancer-related treatment services.

Other Coalition Milestones:

- In May 2009, the Guam Comprehensive Cancer Control (CCC) Coalition was awarded the C-Change 2009 Comprehensive Cancer Control Exemplary Implementation Award for a Pacific Island Jurisdiction Coalition.
- Lieutenant Governor Michael W. Cruz was awarded the C-Change 2009 Exemplary Comprehensive Cancer Control (CCC) Leadership Award, which recognizes elected officials that have demonstrated leadership in promoting and advocating for their community's CCC efforts. Lt. Governor Cruz was nominated for this award by Dr. Annette M. David, then Chair of the CCC Coalition.



- Dr. Annette David received the “Women of Movement Award” in 2010 from the Guam Women’s Club in recognition for her tobacco-control efforts as well as her focus on advocacy, education and prevention and support of patient quality of life.
- Received the 2010 C-Change Award and 2010 APPEAL Award for the CCC Coalition’s work on PL 30-80 (Tobacco Tax Increase).
- Inclusion of an article on Guam’s implementation of the plan in CDC’s “2010 CCC Success Story” publication.

Although not all objectives in the 2007-2012 Cancer Plan were met, the Guam CCC Coalition has worked diligently to address priority objectives. Slow and steady progress has been made on meeting the following objectives:

Nutrition and Physical Activity:

Objective 1 – reduce the portion of children and adolescents who are overweight by 10%.

1997 baseline = 29.8%

2011 = 26.6%

Data Source: Youth Risk Behavioral Surveillance System

Activities:

St. Jude's Children's Research Hospital "Cure4Kids For Kids!" program was piloted in three local schools: Machananao Elementary School, Tamuning Elementary School, and Talofofo Elementary School in collaboration with Strides for the Cure.

Objective 2 -- increase the percentage of individuals who are physically active by 10%.

2003 baseline = 49.2%

2009 = 47.4%

Data Source: Behavioral Risk Factor Surveillance System

Screening and Early Detection:

Objective 2 – increase screening rates for breast cancer by 5% above established baseline by 2012.

2002 baseline = 60.3%

2010 = 64.4%

Data Source: Behavioral Risk Factor Surveillance System

Objective 3 – Increase screening rates for cervical cancer by 5% above established baseline by 2012.

2002 baseline = 77.5%

2010 = 67.8%

Data Source: Behavioral Risk Factor Surveillance System

Objective 5 – Increase screening rates for prostate cancer by 5% above established baseline by 2012.

2002 baseline = 29.1%

2010 = 28.3%

Data Source: Behavioral Risk Factor Surveillance System



The extensive work that went into the development of the 2007-2012 Guam Cancer Plan resulted in a document that was so comprehensive, it quickly became clear to Coalition members that not all objectives could realistically be addressed. This realization was further strengthened by the fact that almost all active Coalition members served on a voluntary basis, and therefore, could devote only a limited amount of time to Coalition work. In 2008, the Coalition conducted focus groups to help identify the objectives and strategies within the plan that would be the priorities for implementation over the next four-and-a-half years. The Coalition reaffirmed or redirected those priorities at its annual planning retreat. Those priorities, implementation efforts, and successes were shared in the previous section.

The following 2007-2012 Guam Cancer Plan objectives were not identified as priorities for implementation. However, the Coalition may opt to address some of these areas in the future:

Betelnut

Objective 3: Increase the awareness and impact of betelnut usage in the community.

Alcohol

Objective 1: Collaborate with local organizations such as Mothers Against Drunk Driving (MADD) and PEACE Project and other organizations that advocate for alcohol education, prevention and control to reduce alcohol use by 5%.

Infectious Diseases

Objective 1: Assess community exposure to infectious diseases that cause cancer.

Objective 2: Reduce exposure to infectious diseases that cause cancer.

Environmental

Objective 1. Increase the awareness of dangers associated with environmental contaminants.

Agrichemicals

Objective 1. Increase awareness of dangers associated with agrichemical use.

Screening & Early Detection

Objective 1. Advocate that all hospitals and clinics use standardized minimum screening guidelines by December 2009.

Objective 6. Reduce death and illness from liver cancer.



Treatment

- Objective 2. Improve access to cancer care.
- Objective 3. Develop a Human Resources for Health plan to meet the diagnostic and cancer treatment related needs of Guam’s residents.
- Objective 4. Improve continuing education programs for physicians, nurses and other relevant health care providers regarding the screening, diagnosis and care of cancer patients.
- Objective 5. Encourage private clinics to recruit additional oncologist to improve capacity of private clinics.
- Objective 6. Develop a Patient Navigation Program for Guam.
- Objective 7. Provide information regarding cancer treatment through alternative/natural and complementary medicine.

Survivorship and Quality of Life

- Objective 4. Identify holistic approaches for pain management in Guam.
- Objective 5. Provide counseling and support services for cancer patients and their families/caregivers. (The Guam Cancer Passport Guide, when revised will include information about these services).

It is important to note that some of these objectives, although not specifically addressed by the Coalition, were addressed by member/partner organizations independently or through the efforts of Guam’s community not engaged in Coalition work. One example of this is Treatment Objective 6 – Develop a Patient Navigation Program for Guam – which was accomplished by Guam Cancer Care, a local non-profit organization and Coalition member, founded in 2011.

The Coalition’s Data and Research Action Team (DRAT) analyzed recent cancer data for Guam. Data on morbidity and mortality are preliminary and are from Guam Cancer Registry’s database as of October 14, 2013. We must be cautious in how we interpret the data due to relatively small case numbers for Guam and use of “raw data” – that is, recent data that has not yet been subject to the rigorous editing processes they would normally undergo before publishing. While not perfect, the data has a high degree of reliability. Data on cancer screenings were obtained from the 2012 Behavioral Risk Factor Surveillance System.

Current data was shared during the Annual Cancer Retreat to encourage coalition action teams and members to develop and prioritize objectives and strategies based on what is currently “happening on the ground.” This ensures that the work and effort being put into cancer prevention and control is guided and maximized.

The following are some of the important findings that were shared:

Comparison of Cancer Incidence & Mortality Counts

GUAM: 1998-2002, 2003-2007, 2007-2011

YEARS	INCIDENCE (NEW CASES)	MORTALITY (DEATHS)
1998 – 2002	1,336	653
2003 – 2007	1,580	720
2007 – 2011*	1,942	758

* Note the last two time periods include overlapping year of 2007

SOURCE: University of Guam, Cancer Research Center of Guam, Guam Cancer Registry, 2009, Guam Facts & Figures pg.2 ; Counts from 2007-2011 from Guam Cancer Registry Database as of Oct. 14, 2013.

TOP 5 CANCER SITES 2007-2011

INCIDENCE (NEW CASES)	MORTALITY (DEATHS)
BREAST 301 (15.5%)	LUNG & BRONCHUS 225 (29.7%)
LUNG & BRONCHUS 278 (14.3%)	LIVER & BILE DUCTS 82 (10.8%)
PROSTATE 227 (11.7%)	COLON & RECTUM 77 (10.2%)
COLON & RECTUM 188 (9.7%)	PROSTATE 51 (6.7%)
LIVER & BILE DUCTS 98 (5%)	BREAST 49 (6.5%)
ALL SITES 1,942 (100%)	ALL SITES 758 (100%)

SOURCE: Guam Cancer Registry Database as of October 2013; 1,942 cases diagnosed 2007-2011 (including 26 unknown primary sites)

DISCLAIMER: Because the numbers of cancer cases per year in Guam are small, we have aggregated data into 5-year periods for better statistical vigor. At the time of the strategic planning process for this Plan, 2012 Cancer Registry data were not yet available. Thus, we utilized preliminary data spanning the years 2007-2011 (a 5-year period) for comparison with the previous 5-year data periods (1998-2002 and 2003-2007). Please note that the 2007 data overlaps 2 data periods - 2003-2007 and 2007-2011. DPHSS anticipates releasing the official cancer registry data for 2008-2012 in the near future.

**TOP 5 GUAM CANCER DEATHS 2007-2011
BY SITE AND GENDER**

MALE DEATHS Count (% Total)	FEMALE DEATHS Count (% Total)
LUNG & BRONCHUS 154 (32.2%)	LUNG & BRONCHUS 71 (25.4%)
LIVER 68 (14.2%)	BREAST 49 (17.6%)
PROSTATE 51 (10.6%)	COLON & RECTUM 26 (9.3%)
COLON & REC-TUM 51 (10.6%)	LIVER 14 (5%)
ORAL CAVITY Pharynx 21 (4.4%)	UTERUS 13 (4.7%)
TOTAL MALE = 479	TOTAL FEMALE = 279

SOURCE: GUAM CANCER REGISTRY DATABASE
OCTOBER 14, 2013, RAW COUNTS

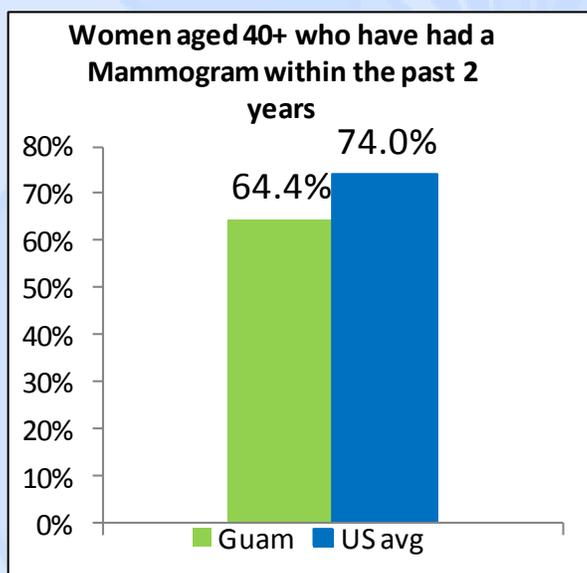
**TOP 5 GUAM CANCER INCIDENCE
2007-2011 BY SITE AND GENDER**

MALE Count (% Total)	FEMALE Count (% Total)
PROSTATE 227 (23.4%)	BREAST 300 (30.9%)
LUNG & BRONCHUS 191 (19.7%)	CERVIX 140 (14.4%)
COLON & RECTUM 112 (11.5%)	LUNG & BRONCHUS 87 (9%)
LIVER 82 (8.4%)	COLON & RECTUM 76 (7.8%)
ORAL CAVITY Pharynx 53 (5.5%)	THYROID 70 (7.2%)
TOTAL MALE = 971	TOTAL FEMALE = 971

SOURCE: GUAM CANCER REGISTRY DATABASE
OCTOBER 14, 2013, RAW COUNTS

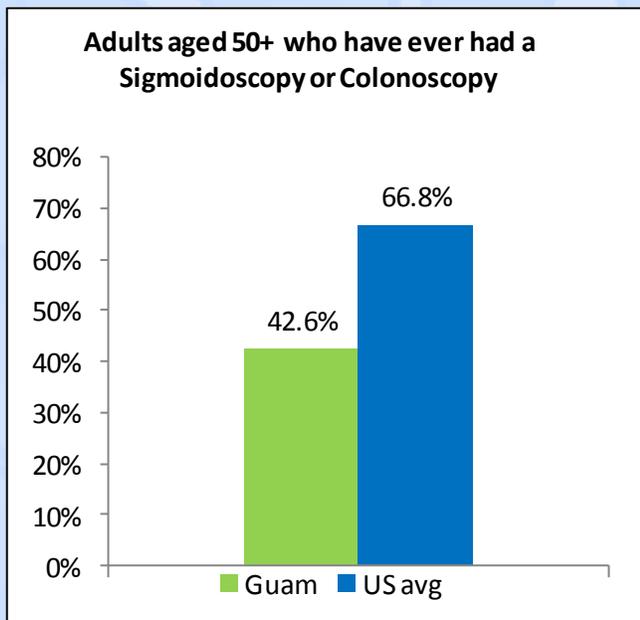
CANCER SCREENING

Breast Cancer Screenings



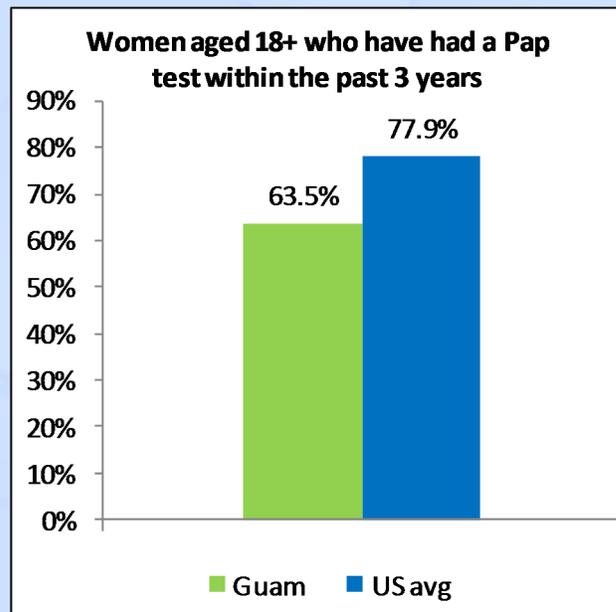
SOURCE: Guam Behavioral Risk Factor Surveillance System (2012)

Colorectal Cancer Screenings



SOURCE: Guam Behavioral Risk Factor Surveillance System (2012)

Cervical Cancer Screenings



SOURCE: Guam Behavioral Risk Factor Surveillance System (2012)

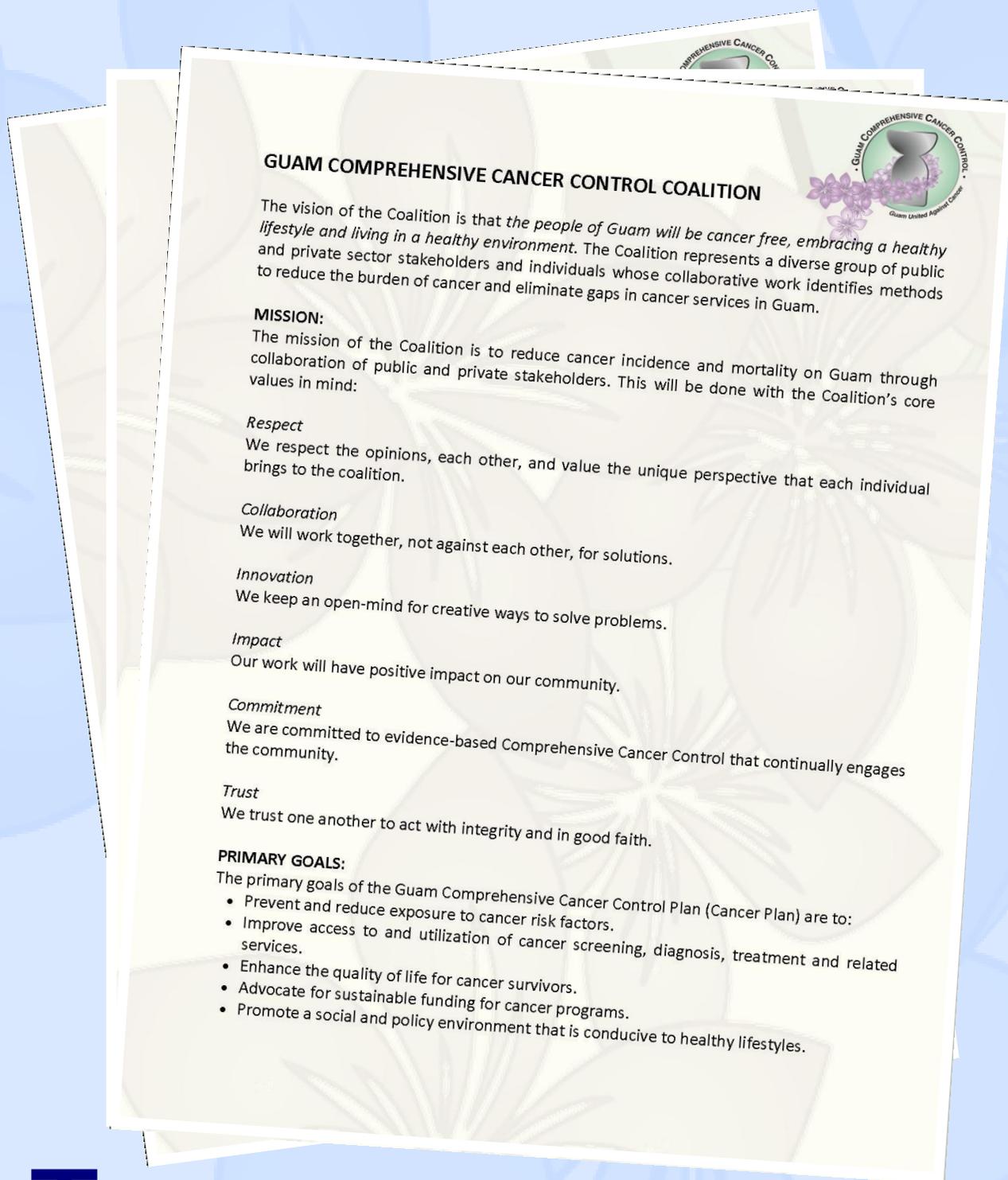
Based on the data that was shared, between 2007- 2011 the number of Guamanians diagnosed and who have died of cancer increased compared to previous years.

Between 2007- 2011, the incidence of breast cancer was highest among all Guamanians, followed by lung & bronchus, prostate, colon & rectum, and liver & bile ducts. Moreover, the leading incidence of cancer in males was prostate, followed by lung & bronchus, colon & rectum, liver, and oral cavity (pharynx). The leading incidence of cancer in females was breast, followed by cervix, lung & bronchus, colon & rectum, and thyroid.

Between 2007- 2011, cancer of the lung & bronchus was the leading site of cancer deaths among all cancers in Guam for women and men. The leading sites of cancer deaths among men with cancer was lung & bronchus, followed by liver, prostate, colon & rectum, and oral cavity (pharynx). The leading sites of cancer deaths among women with cancer was lung & bronchus, followed by breast, colon & rectum, liver, and uterus.

DRAT also shared findings from the 2012 Behavioral Risk Factor Surveillance System (BRFSS) survey. The survey clearly shows that Guam lags in breast, cervical and colon cancer screenings compared to the United States at alarming rates. (Note: BRFSS data between 2002- 2010 cannot be compared with data collected from 2011 to the present due to differences in survey methodologies.)

For Coalition action teams and members that were looking for specific demographics, DRAT and the program assisted in identifying and providing data sources such as the Youth Risk Behavior Surveillance System.



In June 2012, after completing the first five-year implementation period, the Guam CCC Program was awarded funding to update its existing cancer plan and continue implementing priority objectives based on current cancer data. This funding supports the Coalition's work, which includes its annual planning retreat, such as the one held in December 2012, at which Coalition members developed the following goals, objectives and activities, which is the 2013-2017 Guam Cancer Plan:

Prevention

Goal:

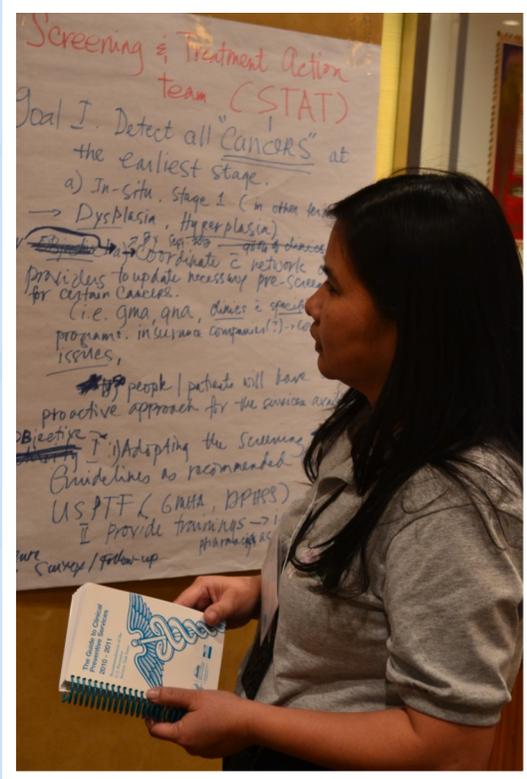
Prevent and reduce exposure to cancer risk factors.

Objectives:

- 1.1 By June 2017, increase the percentage of women aged 40 and over who have had a mammogram within the past two years from 64.4% to 69.4%. (Source: Behavioral Risk Factor Surveillance System, 2012)
- 1.2 By June 2017, increase the percentage of women aged 18 and over who have had a Pap test within the past three years from 63.5% to 68.5%. (Source: Behavioral Risk Factor Surveillance System, 2012)
- 1.3 By June 2017, increase the percentage of adults aged 50 and over who have ever had a sigmoidoscopy or colonoscopy from 42.6% to 47.6%. (Source: Behavioral Risk Factor Surveillance System, 2012)
- 1.4 By June 2017, implement the cancer prevention curriculum program (Kids for the Cure Project), utilizing the St. Jude Research Hospital's Cure4Kids for Kids curriculum in 10 local elementary schools. (Source: To be determined)
- 1.5 By June 2017, in collaboration with the NCD Physical Activity Group, increase the percentage of middle school students who were physically active for a total of at least 60 minutes per day on five or more of the past seven days from 37% to 42%. (Source: Youth Risk Behavior Surveillance System, 2011)
- 1.6 By June 2017, in collaboration with the NCD Physical Activity Group, increase the percentage of high school students who were physically active for a total of at least 60 minutes per day on five or more of the past seven days from 37% to 42%. (Source: Youth Risk Behavior Surveillance System, 2011)
- 1.7 By June 2017, in collaboration with the NCD Physical Activity Group, increase the percentage of neighborhood and school playground access to 50%. (Baseline and source: to be determined)



Screening, Early Detection and Treatment



Goal:

Detect all cancers at the earliest stage.

Objectives:

- 2.1 By December 2015, increase the percentage of health care providers using the U.S. Preventive Services Task Force standardized minimum screening guidelines to 60%. (Source: SEDAT Screening Survey 2014)
- 2.2 By June 2017, increase the percentage of adults aged 50 and over who have ever had a sigmoidoscopy or colonoscopy from 42.6% to 47.6%. (Source: Behavioral Risk Factor Surveillance System, 2012)
- 2.3 By June 2017, increase the percentage of adults aged 50 and over who have had a blood stool test within the past two years from 7.7% to 12.7%. (Source: Behavioral Risk Factor Surveillance System, 2012)
- 2.4 By June 2017, increase the percentage of women aged 40 and over who have had a mammogram within the past two years from 64.4% to 69.4%. (Source: Behavioral Risk Factor Surveillance System, 2012)
- 2.5 By June 2017, increase the percentage of women aged 18 and over who have had a Pap test within the past three years from 63.5% to 68.5%. (Source: Behavioral Risk Factor Surveillance System, 2012)
- 2.6 By December 2015, increase the percentage of health care providers' use of the U.S. Preventive Services Task Force standardized minimum screening guidelines to 60%. (Baseline and source: to be determined)

Survivorship and Quality of Life

Goal:

Enhance quality of life for cancer survivors and their families.

Objectives:

- 3.1 By June 2017, increase the number of cancer education activities on Hospice Care, Caregiver Support, Communication with Doctors, Spirituality and Religion and Doctor Education from 0 to 4. (Source: Survivorship and Quality of Life (SQOL) Action Team Report)
- 3.2 By June 2017, increase the number of Hope Project products (book, video, website) to three. (Source: SQOL Action Team Report)
- 3.3 By May 2015, advocate to Guam's health professional licensing board to require a minimum number of hours of continuing education for doctors and nurses in palliative care for licensing/ licensing renewal. (Source: SQOL Action Team Report)



Policy and Advocacy



Goal:

Advocate for social and environmental policies that are conducive to adopting healthy lifestyles for a better quality of life.

Objectives:

- 4.1 By June 2014, formalize and strengthen Policy and Advocacy Action Team (PANDA) structures by increasing the number of operating guidelines from 0 to 3. (Source: PANDA Action Team Report)
- 4.2 By June 2017, engage and support the GCCC Coalition and NCD Consortium by maintaining the number of PSE activities to 4 per project year. (Source: PANDA Action Team Report)
- 4.3 By June 2017, increase the number of stakeholders from diverse sectors that serve as NCD policy advocates from 6 to 8. (Baseline Source: PANDA Action Team Report)

Data and Research

Goal:

Improve the collection and dissemination of quality, cancer-related data for Guam.

Objectives:

- 5.1 By June 29, 2014, produce a report on Cancer Survival Rates for Guam. (Source: Data & Research Action Team (DRAT) Report)
- 5.2 By June 29, 2014, produce a report on the Economic Costs of Cancer for Guam. (Source: DRAT Report)
- 5.3 By June 29, 2015, produce an updated Guam Facts & Figures Report incorporating data from 2008-2012. (Source: DRAT Report)
- 5.4 By June 29, 2015, respond to an average of 3 requests for data and/or assistance from Coalition Action Teams. (Source: DRAT Report)
- 5.5 By June 29, 2017, increase the number of active DRAT members from 5 to 10. (Source: DRAT Report)
- 5.6 By June 29, 2017, develop and adopt data standards and data analysis across both private and public sector cancer and other NCD data gatherers to ensure data uniformity. (Source: DRAT Report)

Goal:

Support the Coalition in evaluating the effectiveness of identified activities.

Objectives:

- 5.7 By December 31, 2014, produce a prioritized list of Guam Cancer Coalition activities and/or objectives to be evaluated. (Source: DRAT Report)
- 5.8 By June 29, 2015, produce a “feedback” document to strengthen evaluation of Coalition activities/objectives for 5 Action Teams. (Source: DRAT Report)



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Organizations:

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 School of Nursing, Social Work & Health Sciences
 Cancer Research Center of Guam
 Children's Healthy Living Program
 Guam Cancer Registry
 Student Health Center

Department of Public Health and Social Services
 Bureau of Community Health Services
 Guam Comprehensive Cancer Control Program
 Tobacco Prevention & Control Program
 Guam Breast & Cervical Cancer Early Detection Program
 Diabetes Prevention & Control Program
 Medical Social Services
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 Behavioral Risk Factor Surveillance System Program
 Guam NCD Consortium
 Bureau of Family Health and Nursing Services
 Bureau of Primary Care
 Bureau of Nutrition Services

Guam Behavioral Health and Wellness Center
 Prevention & Early Intervention Advisory
 Community Empowerment Project

Guam Department of Education
 Division of Curriculum & Instruction

Guam Community College
 Area Health Education Center

U.S. Naval Hospital
 American Pacific Enterprises
 Office of Senator Dennis Rodriguez, Jr.
 Office of Senator Brant McCreadie
 Guam Diabetes Association
 Guam Coalition Against Sexual Assault
 Violence

FHP Health Center
 Health Partners, LLC
 Guam Alternative Lifestyles Association
 Cancer Center of Guam
 Bureau of Statistics and Plans
 National Family Care Giver Support Program
 Health Services of the Pacific
 Diagnostic Laboratory Services
 Bank of Guam
 Department of Labor
 Guam Cancer Support Group
 Pacific Island Health Officers Association
 Kontenda's Gym
 Department of Youth Affairs
 Department of Integrated Services for Individuals with Disabilities
 Guam Nurses Association
 American Cancer Society
 Strides for the Cure
 Guam Cancer Care
 Guam Healthcare & Hospital Development Foundation
 The Doctor's Clinic Physician Specialist
 Good Samaritan Hospital Guam Referral Office
 Get Healthy Guam! Coalition
 Guam Memorial Hospital
 Guam Surgicenter
 Governor's Council on Physical Fitness and Sports
 Synaptix Health & Wellness Health Research Consultancy
 Community Services & Resources
 Island Cancer Center

Being a CCC Coalition Member...



Why should I join the Coalition?

- ★ Get involved with developing, enhancing, and supporting cancer programs and services.
- ★ Advocate for and support cancer survivors and their families.
- ★ Network with others in the community that share a strong interest in cancer prevention and control.
- ★ Access cancer-related resources and information.

When do we meet?

Most of the Coalition's subcommittees (or Action Teams) meet once a month as they work to implement activities identified in the Guam Comprehensive Cancer Control Plan.

If you are interested in being part of our mission to prevent and control cancer in our community, or if you would like more information regarding the Guam CCC Coalition, please contact:

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Guam Unite

